

United States Government

Department of Energy
Oak Ridge Operations Office

memorandum

DATE: October 4, 1999

REPLY TO

ATTN OF: AD-442:Blaylock

SUBJECT: **LEAVE DONATION SOLICITATION FOR KELLY A. MCDONALD**

TO: All ORO and OSTI Employees

Ms. Kelly A. McDonald, a Contract Specialist with the Federal Energy Technology Center, has been approved as a leave recipient under the Voluntary Leave Transfer Program.

Ms. McDonald is experiencing complications in her pregnancy which will require her to remain off work for the remainder of her pregnancy. She has exhausted her annual and sick leave balances and has requested to be a participant in the Voluntary Leave Transfer Program.

Employees who wish to donate earned annual leave to Ms. McDonald may do so by completing the "Leave Donation Form" on the reverse side of this announcement. When completed, this form should be given to your time and attendance representative for forwarding to the Payroll Office.

Note: If you wish to donate "use or lose" leave, you must indicate on the donation form that the leave is "use or lose."

Your attention is called to the following requirements of the program:

1. Only earned annual leave may be donated which includes any "carryover" hours and "restored" hours.
2. The maximum annual leave donation by an employee is limited to one half the number of hours the donating employee will earn in the current leave year. (26-day category - 104 hours; 20-day category - 80 hours; 13-day category - 52 hours).

If you should have any questions, please contact your Personnel Management Specialist.

Lois Jago, Chief
Personnel and Management
Analysis Branch

Attachment

U.S. DEPARTMENT OF ENERGY

LEAVE DONATION

(Submit completed and signed original form to your timekeeper)

Donor's Name (Last, First, M.I.)	SSN	Donor's Organization
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Recipient's Name Kelly Ann McDonald	Recipient's Organization DOE, Federal Energy Technology Center Office Of Program Support & Site Operations Acquisition and Assistance Division
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For Non-DOE Recipient, Enter Mailing Address of Recipient's Payroll Office

I hereby authorize the transfer of _____ hours of my annual leave to the above named leave recipient. I certify that I am scheduled to work at least that many hours before the end of the leave year, and that the leave recipient is not my supervisor.

_____ Donor's Signature _____ Date

Check here to donate restored leave. (If the donation is greater than the amount of restored leave to your credit, the remainder will be deducted from your regular leave account.)

FOR PAYROLL USE

_____ hours of leave has been deducted from donor's account.	Name of Payroll Clerk	FTS Phone No.
_____ Signature of Payroll Clerk _____ Date		

_____ hours of leave has been credited to recipient's account.	Name of Payroll Clerk	FTS Phone No.
_____ Signature of Payroll Clerk _____ Date		

Acceptance of this donation is necessary to avoid placing the recipient on leave without pay, and the limitations imposed by 5 CFR 630.908 are therefore waived.

_____ Chief of Payroll _____ Date

Privacy Act Statement

5 U.S.C. 6311 authorizes collection of this information. It will be used to transfer leave from your account to the recipient's account in accordance with your instructions on the form. Your social security number is requested solely for the purpose of positively identifying leave donors so that donated leave can be charged to the proper account.